

## Spring Break Tennis Camp at Shevans Park

**Philosophy:** The camp will offer an exciting tennis experience with an emphasis on fun, skill development, tactics and competition. Concentration will be placed on establishing basic skills through staff demonstration and instruction. The camp will emphasize technique tactics in an intense training environment. The camp will be divided to age and skill level, so the content of the camp as well as the intensity will be structured to meet the varying needs of the different participants.

Camp Staff: Randy Bailey – USPTR Certified Tennis Professional and Junior Nationally ranked players

**Equipment:** All participants should wear comfortable clothing, tennis shoes and bring a tennis racquet, water, sunscreen and a hat.

When: Monday, April 21 – Wednesday, April 23

**Time:** 9:00am - 11:00am **Ages:** 10 - 18 year olds **Cost:** \$90.00 or \$40.00 per day

Please make checks payable to: Randy Bailey Send to: 706 Arendell St. Morehead City, NC 28557

**For more information:** Contact Jerry Riggs 252-726-5083 or <a href="mailto:jriggs@bizec.rr.com">jriggs@bizec.rr.com</a> or Randy Bailey at 252-714-4267 or email <a href="mailto:randy@courtsideathletic.com">randy@courtsideathletic.com</a> . Registration will be accepted at the Morehead City Parks & Recreation Department office located at 1600 Fisher Street.

Player Registration			
Player's Name:	Age:	_ DOB:	Gender:
Address:	Phone #:		
City/State/Zip:	Email:		
I do hereby and forever dischargelected and appointed officials, the Morparticipants, instructors, and administration	rehead City Parks and Retors of the Morehead City	from and indecreation Depa Parks and Re	emnify, Morehead City, its artment, and all the staff, creation Department from
any and all actions, claims, and demands be sustained by me or my child in consequ	ence of participation by sa	id person in th	is program.
I hereby acknowledge and admit be required to carry any insurance protect insurance coverage for myself and child. I have read and understand this	tion for the participants ar	nd thereby do	agree to provide individual
opportunity to do so as well as to consult v	with anyone of my choice.	_	
Permission is hereby granted for Morehead City Parks and Recreation Dep			to participate in the
Parent/Guardian Name (print)	Parent/Guardian Signatur	e	Date